

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature x <i>Deanna Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>State Attorney General's Office 455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102</p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>Deanna Johnson</i> 6/30</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7006 0810 0001 9709 3399

UNITED STATES POSTAL SERVICE

DOCS 9+10

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

07-6098 PJH(05C)

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
JUL -1 AM 11:54
CLERK U.S. DISTRICT COURT
NORTH BAY AREA

CLERK U.S. DISTRICT COURT
450 GOLDEN GATE AVE., BOX 36060
SAN FRANCISCO, CA 94102